

PTO/SB/22 (10-00)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)															
<div style="border: 2px solid black; padding: 5px; text-align: center;"> DEPOSIT ACCOUNT NO. 08-2525 OUR ORDER NO. <u>5098</u> </div>	In re Application of Ulrich Behrendt et al.																
	Application Number 10/075,733	Filed Feb 14, 2002															
	For HOLLOW FIBER MEMBRANE MODULE																
	Group Art Unit 1723	Examiner Krishnan S. Menon															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>(\$110.00)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>(\$410.00)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>(\$930.00)</td> <td style="text-align: right;">\$ <u>930.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>(\$1450.00)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>(\$1970.00)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2525</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <u>September 18, 2003</u> Date </div> <div style="text-align: center;"> _____ Signature <u>Bernard Lau</u> Typed or printed name </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Total of _____ forms are submitted. </div>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	(\$110.00)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	(\$410.00)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	(\$930.00)	\$ <u>930.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	(\$1450.00)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	(\$1970.00)	\$ _____
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	(\$1450.00)	\$ _____															
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	(\$1970.00)	\$ _____															

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